CHAPTER 10 AUTHORITY TO SPEND

Introduction

This chapter provides the instructions and documents needed for the "Authority to Spend (ATS) Process" which is the method the State WIC Branch will use to allocate contract funds to a local agency to provide "Other WIC Services" as defined in the Glossary of the contract.

Chapter topics include:

- Performance Outcomes
- List of "Other WIC Services"
- Required Documentation
- When local agency will receive Authority to Spend Form

Description

Contract funds may be authorized for "Other WIC Services" during each budget period through the ATS process. The State WIC Branch shall notify the local agency in writing of any funds authorized for expenditure as "Other WIC Services" by providing the local agency with the "Local Agency Authority to Spend (ATS) Form" (Attachment 10-1).

The State WIC Branch shall grant approval to expend funds for "Other WIC Services" by providing the local agency with the "Local Agency Authority to Spend" form specifying the amount of funds and quantifying the services to be performed. If the local agency expends funds prior to or without authorization from the State WIC Branch, sanctions may be placed on the local agency. The sanctions as specified in Exhibit B, Provision 10 of the contract include, but are not limited to, payment denial or withhold, reimbursement of the overspent funds by the local agency, and/or immediate termination of the contract.

When the Authority to Spend forms are Released

The Authority to Spend forms are approved and released at the end of each month to appropriate local agencies.

Contact Persons for Questions

If you are unclear on the **performance outcomes**, please contact your Regional Advisor.

If you are unclear on the **Authority to Spend process**, please contact your Fiscal Advisor.

I. LIST OF "OTHER WIC SERVICES"

As stated in Exhibit A, Provision 13 of the contract, the local agency shall provide "Other WIC Services" including, **but are not limited to**:

- 1) Infrastructure Improvements
 - a) Customer Service activities which improve and streamline services and improve employee effectiveness and efficiency including participation on committees:
 - b) Nutrition Services and activities to support the participant-centered education and value-enhanced nutrition assessment which increase the quantify and quality of nutrition services in WIC sites, including participation on committees:
- 2) Breastfeeding Promotion and Education activities which create a positive clinic environment that promote breastfeeding and support activities in their community including participation on committees:

3) Special Projects (such as, Farmers Market Nutrition Program, Food package pilot projects, Breastfeeding Peer Counseling, participation on committees), which are outside the descriptions in paragraphs 1 and 2, but are necessary for the improvement and expansion of the WIC program.

II. PERFORMANCE OUTCOMES

The State WIC Branch shall quantify and provide a description of each "Other WIC Services" to be performed which will be on the back of the ATS form. The State WIC Branch may require the local agency to submit a written proposal identifying activities including the amount of funding requested and scope of work justification. The first date that costs may be incurred for the "Other WIC Services" shall be the effective date of the approved "Local Agency Authority to Spend" form.

When the agreed upon performance outcome(s) are met, the State WIC Branch may authorize any unspent balances to be used on a discretionary basis to pay for any "Other WIC Services" within the scope of the contract. The **exception** are those "Other WIC Services" shown on the ATS form (amounts below Field 14) indicating that the funds cannot be spent for any purpose other than to meet mutually agreed upon performance outcome(s) without advance approval in writing from the State WIC Branch.

III. DOCUMENTATION

Any "Other WIC Services" shown on the ATS form (below Field 14) must be entered on page two of the invoice (See CMB, Chapter 11) providing detailed budget expenditures for the service.

Local Agency is required to maintain and have available for review and audit, all accounting records, including cost accounting records that are supported by source documentation for each budget period within the contract term. These documents must be retained for three years, after the end of the Agreement.

IV. AUTHORITY TO SPEND FORM

This table defines the fields on the ATS form. Attachment 10-1 is an example of the ATS form and the fields are numbered as shown in the following chart.

FIELD NAME	FIELD DESCRIPITION Page One	
Legal Name (Local Agency) (1)	Local agency's name as shown on the executed contract and any amendments.	
Contract Number (2)	Number assigned by the State of the executed contract and amendments.	
Authorization Number (3)	This is the number the State assigns each time an ATS form is issued to a local agency.	
Effective Date (4)	The date the local agency may begin to spend the authorized funds.	
Fiscal Advisor Contact (5)	The person a local agency contacts if there are questions regarding the ATS form.	
Telephone Number (6)	The telephone number for the Fiscal Advisor	

FIELD NAME	FIELD DESCRIPITION	
Maximum Payable Amount (7)	The amount a local agency is budgeted for a budget period.	
WIC Base Funding (8)	The local agency's authorized amount for caseload for the budget period.	
Authority to Spend Number (9)	This is the ATS number the State WIC Branch assigns to each service. The first two characters are the budget year and the second two characters are number of ATS forms the local agency has been issued to date.	
Previously Authorized (10)	The amount that was previously approved through the ATS process	
Currently Authorized (11)	The amount that is current approved for the local agency to spend.	
Statement(12)	A description of how the funds may be used.	
ATS Amounts (13)	Totals of previously approved ATS amounts and the current ATS amounts being approved.	
Statement (14)	A description of the limitation on the use of funds.	
Total Funds Authorized for Expenditure (15)	The amount that the local agency has been approved to spend to date.	
Maximum Payable Balance Available for Future Authorization (16)	The remaining amount not yet authorized to be spent by the local agency.	

FIELD NAME	DESCRIPTION
WIC Section Chief Signature (17)	The signature of the WIC Section Chief approving the ATS
Date (18)	The date the WIC Section Chief signed the form. Note: This date is NOT the date the ATS is effective. See Field 4
FIELD NAME	FIELD DESCRIPTION Page Two
Project Name (19)	The name give to the project to be performed
Restricted Funds (20)	Tells the local agency if the funds are restrictive or non-restrictive.
Performance Outcomes (21)	The State WIC Branch shall quantify and provide a description of each "Other WIC Services" to be performed and what performance outcomes are expected.
Contact Person (22)	The name, telephone number, and e-mail address of the person to contact if you have questions regarding the performance outcomes.

V. ATTACHMENTS

Attachments

Attachments for Chapter 10 to follow this page.

WIC LOCAL AGENCY AUTHORITY TO SPEND

Budget Period: 10/01/05-09/30/06

LEGAL NAME (LOCAL WIC AGENCY)	CONTRACT NUMBER	AUTHORIZATION NUMBER	EFFECTIVE DATE
(1)	(2)	(3)	(4)
FISCAL ADVISOR CONTACT		TELEPHONE NUMBER	
(5)		(6)	
MAXIMUM PAYABLE AMOUNT:	(7)		
FUNDS AUTHORIZED FOR EXPENDITURE:			
WIC BASE FUNDING:			
10/1/2005 Caseload	d Award		(8)
OTHER WIC SERVICES:			
Authority To Spend Number (9)			
(12) The following funds are authorized to reach ag any unspent balances may be used on a discrewithin the scope of the contract.			
	(13)	(13)	\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			Ψ
(14) The following funds cannot be spent for any puperformance outcome(s) without advance appurclaimed for the following, expenditure detail m			
00-006 - Peer Counseling	\$ <i>0</i>		\$0
_			
	TOTAL FUNDS AUTHO	RIZED FOR EXPENDITURE	(15)
MAXIMUM PAYABLE BALANCE AVAILABLE FOR FUTURE AUTHORIZATION	(16)		
	STATE WIC BRANCH US	SE ONLY	D. 4 T. C.
SECTION CHIEF (SIGNATURE)			DATE
	(17)		(18)

Project Name	Amount	Restricted Fund	PERFORMANCE	Contact Person (23)
(19)	(20)	(Yes/No) (21)	OUTCOME (22)	(Name, Phone #, E-Mail)

LEGAL NAME (LOCAL WIC AGENCY)	CONTRACT NUMBER	AUTHORIZATION NUMBER	effectiane mane 10-1
(1)	(2)	(3)	(4)
	, ,		, ,